

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS MICHIGAN 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Michigan Data Comments

Diagnosis Codes (1): An unexpected number of aged individuals (about 17,000 people, representing over 80% of aged individuals identified with mental health conditions) had claims with diagnoses of "conduct disorder," a condition usually designated for young people. Similarly, conduct disorder was the most frequent diagnosis reported for over 14,000 individuals aged 22-64 (nearly 60% of individuals identified with mental health conditions in this age group). It is likely that this is a coding problem, and possible that these individuals do not have this or any other mental health condition.

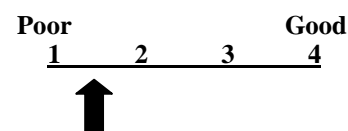
Diagnosis Codes (2): Although diagnosis codes were included on all inpatient claims, Table 4 shows an extremely low incidence of inpatient care for MH diagnoses.

Emergency Room: Because outpatient hospital claims did not include procedure or location detail, use of emergency room services, as shown on Table 5, is under-identified.

Race: Approximately 5 percent of enrollees were reported with unknown race.

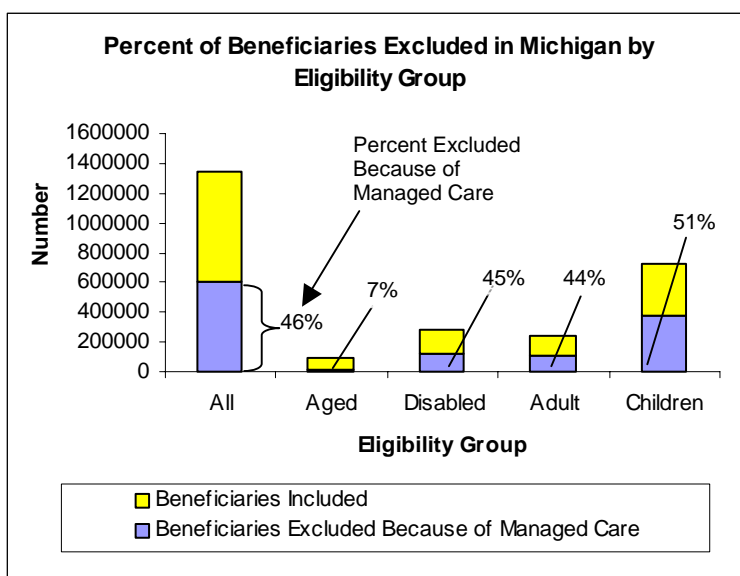
Inpatient Days: Michigan's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "1" day in length, and explains the other low numbers that appear for some groups on Table 4.

MICHIGAN DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Michigan's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
MICHIGAN, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	1,339,452	100%	729,465	54%	\$3,268,435,234	100%	\$1,885,354,136	58%
Age								
0-3	205,834	15%	108,853	53%	\$281,764,297	9%	\$99,537,767	35%
4-5	90,667	7%	42,052	46%	\$59,792,153	2%	\$19,522,683	33%
6-12	293,407	22%	131,087	45%	\$214,756,237	7%	\$73,578,015	34%
13-18	165,262	12%	85,907	52%	\$172,846,431	5%	\$64,154,026	37%
19-21	57,625	4%	36,772	64%	\$88,309,379	3%	\$38,863,964	44%
22-44	281,085	21%	147,543	52%	\$699,968,926	21%	\$248,567,639	36%
45-64	118,170	9%	65,243	55%	\$664,102,579	20%	\$296,653,733	45%
65 and older	127,286	10%	111,892	88%	\$1,086,895,171	33%	\$1,044,476,248	96%
Gender								
Female	779,385	58%	429,809	55%	\$2,073,811,337	63%	\$1,240,045,583	60%
Male	560,067	42%	299,656	54%	\$1,194,623,897	37%	\$645,308,553	54%
Race								
White	704,338	53%	453,528	64%	\$1,935,862,244	59%	\$1,298,204,679	67%
Black	486,852	36%	181,913	37%	\$955,017,418	29%	\$360,427,449	38%
Hispanic	53,856	4%	33,927	63%	\$57,721,826	2%	\$23,618,926	41%
American Indian/Alaskan Native	6,376	0%	4,241	67%	\$11,458,301	0%	\$5,983,320	52%
Asian/Pacific Islander	17,832	1%	8,681	49%	\$30,974,931	1%	\$12,818,813	41%
Other/Unknown	70,198	5%	47,175	67%	\$277,400,514	8%	\$184,300,949	66%
Dual Status								
Aged Duals with Full Medicaid	108,452	8%	94,435	87%	\$1,047,839,877	32%	\$1,009,964,591	96%
Disabled Duals with Full Medicaid	73,665	6%	52,260	71%	\$294,821,106	9%	\$212,520,378	72%
Duals with Limited Medicaid	21,167	2%	21,157	100%	\$30,134,698	1%	\$27,770,451	92%
Other Duals	1,105	0%	765	69%	\$2,413,738	0%	\$1,408,690	58%
Disabled Non-Duals	172,177	13%	74,288	43%	\$950,898,473	29%	\$349,795,352	37%
All Other Non-Duals	962,886	72%	486,560	51%	\$942,327,342	29%	\$283,894,674	30%
Eligibility Group								
Aged	99,813	7%	92,346	93%	\$972,983,233	30%	\$954,328,524	98%
Disabled	280,996	21%	154,215	55%	\$1,371,519,788	42%	\$663,826,811	48%
Adults	235,954	18%	131,969	56%	\$363,122,965	11%	\$109,034,160	30%
Children	722,309	54%	350,597	49%	\$560,355,094	17%	\$157,776,406	28%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
MICHIGAN, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	729,465	61,213	8%	\$1,885,354,136	\$349,848,577	19%
Age						
0-3	108,853	346	0%	\$99,537,767	\$766,181	1%
4-5	42,052	762	2%	\$19,522,683	\$1,924,714	10%
6-12	131,087	6,930	5%	\$73,578,015	\$18,451,842	25%
13-18	85,907	5,932	7%	\$64,154,026	\$23,173,740	36%
19-21	36,772	1,638	4%	\$38,863,964	\$7,225,039	19%
22-44	147,543	13,147	9%	\$248,567,639	\$53,805,207	22%
45-64	65,243	11,515	18%	\$296,653,733	\$80,923,059	27%
65 and Older	111,892	20,943	19%	\$1,044,476,248	\$163,578,795	16%
Gender						
Female	429,809	36,669	9%	\$1,240,045,583	\$225,872,213	18%
Male	299,656	24,544	8%	\$645,308,553	\$123,976,364	19%
Race						
White	453,528	39,846	9%	\$1,298,204,679	\$227,298,608	18%
Black	181,913	14,942	8%	\$360,427,449	\$83,292,670	23%
Hispanic	33,927	819	2%	\$23,618,926	\$3,156,604	13%
American Indian/Alaskan Native	4,241	354	8%	\$5,983,320	\$1,353,002	23%
Asian/Pacific Islander	8,681	466	5%	\$12,818,813	\$2,274,786	18%
Other/Unknown	47,175	4,786	10%	\$184,300,949	\$32,472,907	18%
Dual Status						
Aged Duals with Full Medicaid	94,435	19,625	21%	\$1,009,964,591	\$156,597,288	16%
Disabled Duals with Full Medicaid	52,260	11,726	22%	\$212,520,378	\$53,971,419	25%
Duals with Limited Medicaid	21,157	1,657	8%	\$27,770,451	\$6,986,114	25%
Other Duals	765	60	8%	\$1,408,690	\$184,614	13%
Disabled Non-Duals	74,288	13,254	18%	\$349,795,352	\$97,296,524	28%
All Other Non-Duals	486,560	14,891	3%	\$283,894,674	\$34,812,618	12%
Eligibility Group						
Aged	92,346	15,285	17%	\$954,328,524	\$134,020,126	14%
Disabled	154,215	31,216	20%	\$663,826,811	\$182,799,072	28%
Adults	131,969	3,873	3%	\$109,034,160	\$7,642,488	7%
Children	350,597	10,837	3%	\$157,776,406	\$25,386,074	16%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
MICHIGAN, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	2,259	4%	116	1%	1,630	7%	513	2%
Major depression and affective psychoses	3,423	6%	712	5%	2,244	9%	467	2%
Other psychoses	2,211	4%	152	1%	581	2%	1,478	7%
Childhood psychoses	1,380	2%	1,281	8%	78	0%	21	0%
Neurotic & other depressive disorders	6,813	11%	1,581	10%	4,470	18%	762	4%
Personality disorders	2,946	5%	2,780	18%	135	1%	31	0%
Other mental disorders	807	1%	141	1%	261	1%	405	2%
Special symptoms or syndromes	782	1%	382	2%	348	1%	52	0%
Stress & adjustment reactions	1,377	2%	922	6%	415	2%	40	0%
Conduct disorders	33,019	54%	1,489	10%	14,384	58%	17,146	82%
Emotional disturbances	493	1%	486	3%	6	0%	1	0%
Hyperkinetic syndrome	5,680	9%	5,565	36%	110	0%	5	0%
No Diagnosis	23	0%	1	0%	0	0%	22	0%
Total	61,213	100%	15,608	100%	24,662	100%	20,943	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
MICHIGAN, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	20	16%	12
	4-5	0	0	0	0	0	0%	0	11	4%	6
	6-12	17	144	3	2	20	1%	123	33	2%	7
	13-18	89	144	12	3	100	5%	128	129	6%	5
	19-21	9	118	2	17	11	1%	100	149	17%	4
	22-44	0	0	35	2	35	0%	2	1,008	13%	6
	45-64	0	0	36	1	36	1%	1	1,587	22%	6
	65+	92	4	24	0	116	1%	3	3,901	23%	0
	All Ages	207	80	112	2	318	1%	53	6,838	19%	3
Male	0-3	0	0	1	1	1	0%	1	30	14%	7
	4-5	0	0	0	0	0	0%	0	23	5%	5
	6-12	74	154	1	7	75	1%	152	87	2%	6
	13-18	83	151	4	3	87	2%	144	72	2%	6
	19-21	14	34	2	3	16	2%	30	48	6%	13
	22-44	0	0	15	3	15	0%	3	647	11%	7
	45-64	0	0	12	2	12	0%	2	872	20%	7
	65+	73	7	6	0	79	2%	7	1,072	25%	0
	All Ages	244	102	41	2	285	1%	88	2,851	12%	4
Total	0-3	0	0	1	1	1	0%	1	50	14%	9
	4-5	0	0	0	0	0	0%	0	34	4%	5
	6-12	91	152	4	4	95	1%	146	120	2%	7
	13-18	172	147	16	3	187	3%	135	201	3%	5
	19-21	23	67	4	10	27	2%	58	197	12%	6
	22-44	0	0	50	2	50	0%	2	1,655	13%	6
	45-64	0	0	48	1	48	0%	1	2,459	21%	6
	65+	165	5	30	0	195	1%	4	4,973	24%	0
	All Ages	451	92	153	2	603	1%	69	9,689	16%	3

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
MICHIGAN, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	46	36%	0.13	1.98	2.11	9,421	18%	1.55
	4-5	60	24%	0.02	1.67	1.68	1,900	9%	1.32
	6-12	322	17%	0.12	1.36	1.48	4,203	7%	1.32
	13-18	720	34%	0.28	1.83	2.11	4,553	11%	1.46
	19-21	397	46%	0.39	2.18	2.57	5,125	19%	1.59
	22-44	2,101	28%	0.31	2.20	2.52	14,775	16%	1.57
	45-64	1,270	17%	0.19	2.16	2.34	3,204	11%	1.63
	65+	248	1%	0.05	1.08	1.13	649	1%	1.15
	All Ages	5,164	14%	0.25	2.02	2.28	43,830	11%	1.52
Male	0-3	70	32%	0.09	1.57	1.66	10,874	20%	1.62
	4-5	133	26%	0.04	1.57	1.61	2,229	11%	1.37
	6-12	749	15%	0.10	1.35	1.45	4,530	7%	1.33
	13-18	741	19%	0.20	1.27	1.46	3,041	8%	1.32
	19-21	233	30%	0.45	1.90	2.35	1,272	14%	1.50
	22-44	1,064	19%	0.41	2.21	2.63	4,519	11%	1.63
	45-64	632	15%	0.23	2.73	2.96	2,686	11%	1.70
	65+	94	2%	0.02	1.21	1.23	352	1%	1.32
	All Ages	3,716	15%	0.25	1.86	2.11	29,503	11%	1.53
Total	0-3	116	34%	0.10	1.73	1.84	20,295	19%	1.59
	4-5	193	25%	0.03	1.60	1.63	4,129	10%	1.35
	6-12	1,071	15%	0.11	1.35	1.46	8,733	7%	1.32
	13-18	1,461	25%	0.24	1.54	1.78	7,594	10%	1.40
	19-21	630	38%	0.41	2.08	2.49	6,397	18%	1.57
	22-44	3,165	24%	0.35	2.21	2.55	19,294	14%	1.59
	45-64	1,902	17%	0.20	2.35	2.55	5,890	11%	1.66
	65+	342	2%	0.04	1.12	1.16	1,001	1%	1.21
	All Ages	8,880	15%	0.25	1.95	2.21	73,333	11%	1.52

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
MICHIGAN, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	2,691	2%	71	21%	2,620	2%
4-5	1,400	3%	274	36%	1,126	3%
6-12	10,904	8%	4,587	66%	6,317	5%
13-18	8,111	9%	3,425	58%	4,686	6%
19-21	2,621	7%	834	51%	1,787	5%
22-44	31,249	21%	8,226	63%	23,023	17%
45-64	26,599	41%	7,618	66%	18,981	35%
65+	44,083	39%	10,993	52%	33,090	36%
All Ages	127,658	18%	36,028	59%	91,630	14%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MICHIGAN, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	116	47%	72%	26%	13%	3%	55%	5%
Major depression and affective psychoses	712	60%	31%	13%	13%	15%	40%	9%
Other psychoses	152	30%	43%	22%	5%	7%	34%	13%
Childhood psychoses	1,281	16%	16%	11%	1%	16%	15%	22%
Neurotic & other depressive disorders	1,581	54%	13%	13%	3%	8%	22%	23%
Personality disorders	2,780	25%	10%	5%	2%	28%	19%	22%
Other mental disorders	141	11%	4%	11%	1%	9%	6%	39%
Special symptoms or syndromes	382	16%	10%	12%	0%	8%	10%	49%
Stress & adjustment reactions	922	23%	10%	9%	1%	10%	15%	38%
Conduct disorders	1,489	20%	13%	19%	1%	10%	16%	33%
Emotional disturbances	486	29%	15%	13%	2%	20%	23%	29%
Hyperkinetic syndrome	5,565	20%	8%	6%	1%	74%	22%	8%
No Diagnosis	1	0%	0%	0%	0%	0%	0%	0%
Total	15,608	26%	12%	9%	2%	37%	21%	41%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MICHIGAN, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,630	47%	89%	41%	11%	0%	65%	2%
Major depression and affective psychoses	2,244	68%	44%	50%	19%	1%	63%	6%
Other psychoses	581	38%	59%	38%	6%	1%	47%	12%
Childhood psychoses	78	38%	45%	35%	3%	0%	37%	21%
Neurotic & other depressive disorders	4,470	66%	20%	40%	3%	1%	40%	14%
Personality disorders	135	47%	49%	35%	3%	1%	44%	14%
Other mental disorders	261	43%	23%	29%	2%	0%	26%	31%
Special symptoms or syndromes	348	37%	16%	27%	1%	0%	24%	38%
Stress & adjustment reactions	415	59%	21%	39%	3%	1%	39%	18%
Conduct disorders	14,384	31%	18%	32%	2%	1%	24%	36%
Emotional disturbances	6	17%	0%	33%	0%	0%	17%	50%
Hyperkinetic syndrome	110	48%	16%	23%	2%	45%	40%	12%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	24,662	43%	27%	36%	4%	1%	34%	36%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MICHIGAN, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	513	32%	76%	36%	5%	0%	50%	8%
Major depression and affective psychoses	467	63%	53%	46%	17%	1%	64%	5%
Other psychoses	1,478	35%	36%	32%	1%	0%	33%	34%
Childhood psychoses	21	29%	38%	33%	0%	0%	33%	43%
Neurotic & other depressive disorders	762	71%	31%	48%	2%	0%	51%	10%
Personality disorders	31	39%	55%	58%	0%	3%	52%	10%
Other mental disorders	405	24%	27%	23%	1%	0%	19%	44%
Special symptoms or syndromes	52	48%	46%	58%	0%	0%	46%	17%
Stress & adjustment reactions	40	88%	30%	45%	3%	0%	50%	3%
Conduct disorders	17,146	25%	15%	28%	1%	0%	18%	47%
Emotional disturbances	1	0%	0%	0%	0%	0%	0%	100%
Hyperkinetic syndrome	5	20%	20%	0%	0%	0%	20%	60%
No Diagnosis	22	23%	36%	18%	0%	0%	23%	5%
Total	20,943	29%	20%	30%	1%	0%	22%	48%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).